

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

UNITED STATES OF AMERICA

v.

VICTOR ARROYO, ET AL.

Criminal No. 04-10053-RCL

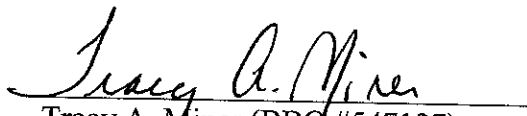
**MOTION OF DEFENDANT ANGEL LUIS RIVERA FOR COURT AUTHORIZATION
OF CRIMINAL JUSTICE ACT EXPENDITURE FOR DISCOVERY MATERIALS
THAT WILL COST IN EXCESS OF \$300**

Defendant Rivera hereby moves, in accordance with the Criminal Justice Act ("CJA") and the attached CJA Form 21 Authorization and Voucher For Expert and Other Services, for prior authorization to obtain services in excess of \$300, to wit: duplication of Government discovery estimated to cost approximately \$1,000. Defendant Rivera submits that the requested authorization is necessary due to the extremely large amount of discovery provided by the Government to date including documents, CDs, videotapes and audiotapes. Receipt and prompt review of these materials by defense counsel is necessary and in the interests of justice.

Respectfully submitted,

ANGEL LUIS RIVERA,

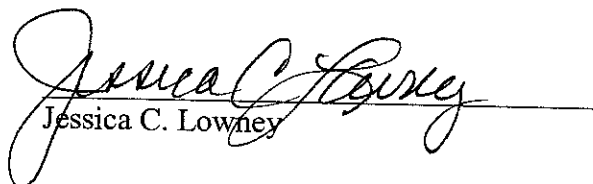
By his attorneys,


Tracy A. Miner (BBO #547137)
Jessica C. Lowney (BBO #655758)
Mintz, Levin, Cohn, Ferris,
Glovsky and Popeo, P.C.
One Financial Center
Boston, MA 02111
(617) 542-6000

Dated: March 30, 2004

LOCAL RULE 7.1(A)(2) CERTIFICATION

I hereby certify that I conferred with AUSA John Wortmann regarding this motion on March 30, 2004. The Government does not object to this Motion.


Jessica C. Lowney

LIT 1451434v1

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (5-99)

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED Rivera, Angel Luis		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1: 04-10053-RCL		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Rivera		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:		10. REPRESENTATION TYPE (See Instructions) Criminal Case			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 21: 846 Conspiracy to Distribute Heroin - Distribution of Heroin					
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES					
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ 1,000 OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses) Signature of Attorney <u>Tracy A. Miner</u> Date <u>3/30/04</u> <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Tracy A. Miner, Esq. Mintz Levin One Financial Center, Boston, MA 02111 Telephone Number: 617-542-6000					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Duplication Services			14. TYPE OF SERVICE PROVIDER 01 <input type="checkbox"/> Investigator 15 <input type="checkbox"/> Other Medical 02 <input type="checkbox"/> Interpreter/Translator 16 <input type="checkbox"/> Voice/Audio Analyst 03 <input type="checkbox"/> Psychologist 17 <input type="checkbox"/> Hair/Fiber Expert 04 <input type="checkbox"/> Psychiatrist 18 <input type="checkbox"/> Computer (Hardware/ 05 <input type="checkbox"/> Polygraph Software/Systems) 06 <input type="checkbox"/> Documents Examiner 19 <input type="checkbox"/> Paralegal Services 07 <input type="checkbox"/> Fingerprint Analyst 20 <input type="checkbox"/> Legal Analyst/Consultant 08 <input type="checkbox"/> Accountant 21 <input type="checkbox"/> Jury Consultant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 22 <input type="checkbox"/> Mitigation Specialist 10 <input type="checkbox"/> Chemist/Toxicologist 23 <input checked="" type="checkbox"/> Duplication Services 11 <input type="checkbox"/> Ballistics (See Instructions) 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 24 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Pathologist/Medical Examiner		
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO					
CLAIM FOR SERVICES AND EXPENSES					
16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED		FOR COURT USE ONLY MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation					
b. Travel Expenses (lodging, parking, meals, mileage, etc.)					
c. Other Expenses		\$1,000			
GRAND TOTALS (CLAIMED AND ADJUSTED):		\$1,000			
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Tracy A. Miner, Esq. Mintz Levin One Financial Center Boston, MA 02111 TIN: _____ Telephone Number: 617-542-6000 CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee <u>Tracy A. Miner</u> Date <u>3/30/04</u>					
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney <u>Tracy A. Miner</u> Date <u>3/30/04</u>					
APPROVED FOR PAYMENT - COURT USE ONLY					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
				22. TOTAL AMOUNT APPROVED/CERTIFIED	
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300.					
Signature of Presiding Judicial Officer		Date		Judge/Mag. Judge Code	
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
				27. TOTAL AMOUNT APPROVED	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					